

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

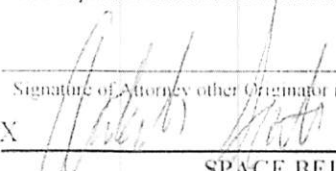
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Antwhon Suiter	COURT CASE NUMBER 5:22-cv-00031
DEFENDANT County of Augusta et al	TYPE OF PROCESS Summons & Complaint

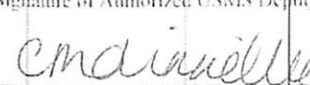
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Donald Smith
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
127 Lee Highway, Verona, VA 24482

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Antwhon Suiter, Pro Se 207 Gray Avenue Staunton, VA 24401	Number of process to be served with this Form 285 1 Number of parties to be served in this case 4 Check for service on U.S.A.
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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

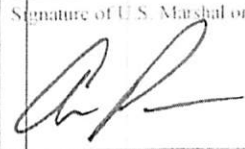
Signature of Attorney or other Originator requesting service on behalf of:  , Pro Se	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 470-786-6830	DATE 06/08/2022
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 84	District to Serve No. 84	Signature of Authorized USMS Deputy or Clerk 	Date 06/13/2022
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date 6-30-22	Time 1240	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy 		

Service Fee \$65.00	Total Mileage Charges (including endeavors) \$25.52	Forwarding Fee —	Total Charges \$90.52	Advance Deposits —	Amount owed to U.S. Marshal* or (Amount of Refund*) —
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REMARKS

6-30-22 - 1 DUSM, 1 HR 44 miles Road Trip, endeavor



AO 440 (Rev. 06/12/19) 17 W.D.VA. Summons in a Civil Action (Page 2)

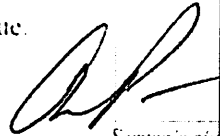
Civil Action No. 5:22cv31

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *name of individual and title, if any*
was received by me on *date*DONALD SMITH6-13-22☒ I personally served the summons on the individual at *place* 127 LEE HWY VERONA, VA
on *date* 6-30-22 : or☐ I left the summons at the individual's residence or usual place of abode with *name*
, a person of suitable age and discretion who resides there,
on *date*, and mailed a copy to the individual's last known address; or☐ I served the summons on *name of individual*, who is
designated by law to accept service of process on behalf of *name of organization*
on *date* : or☐ I returned the summons unexecuted because : or☐ Other *(specify)*My fees are \$ 25.52 for travel and \$ 65.00 for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 7-1-22

Server's signature

Andy Parr DUSM
Printed name and title116 N. MAIN ST.
HARRISONBURG, VA 22801


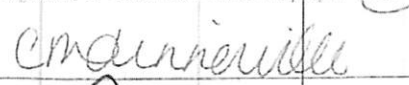
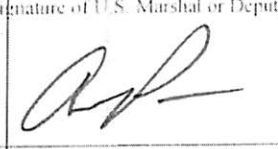
Server's address

Additional information regarding attempted service, etc:


U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Antwhon Suiter		COURT CASE NUMBER 5:22-cv-00031	
DEFENDANT County of Augusta et al		TYPE OF PROCESS Summons & Complaint	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Dylan Johnson		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 127 Lee Highway, Verona, VA 24482		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Antwhon Suiter, Pro Se 207 Gray Avenue Staunton, VA 24401		Number of process to be served with this Form 285 1 Number of parties to be served in this case 4 Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):			
Signature of Attorney/other Originator requesting service on behalf of: X  , Pro Se		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 470-786-6830 DATE 06/08/2022
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 84	District to Serve No. 84 Signature of Authorized USMS Deputy or Clerk  Date 06/13/2022
I hereby certify and return that I <input type="checkbox"/> have personally served <input type="checkbox"/> have legal evidence of service. <input checked="" type="checkbox"/> I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above) DONALD SMITH - SHERIFF		Date 6-30-22	Time 1240 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy 	
Service Fee \$65.00	Total Mileage Charges (including endeavors) \$25.52	Forwarding Fee —	Total Charges \$90.52 Advance Deposits — Amount owed to U.S. Marshal* or (Amount of Refund*) —

REMARKS

6-30-22 - 1 DUSM, 1 HR 44 miles Rnd. Trip, ENDEAVOR 

AO 440 (Rev. 06-12) (02-17 WD VA) Summons in a Civil Action (Page 2)

Civil Action No. 5:22-CV-31

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (f))

This summons for (name of individual and title, if any)
 was received by me on (date)

Dylan Johnson

6-13-22

☐ I personally served the summons on the individual at (place)

on (date)

; or

☐ I left the summons at the individual's residence or usual place of abode with (name)

, a person of suitable age and discretion who resides there,

on (date)

, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual)

DONALD SMITH - SHERIFF

, who is

designated by law to accept service of process on behalf of (name of organization)

AUGUSTA CTY

SHERIFF'S DEPT.

on (date)

6-30-22

; or

☐ I returned the summons unexecuted because

; or

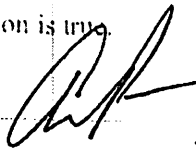
☐ Other (specify):

My fees are \$ 25.52 for travel and \$ 65.00 for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date:

7-1-22



Server's signature

Andy Paer DUSM

Printed name and title

116 N. MAIN ST.

HARRISONBURG, VA 22801

Server's address

Additional information regarding attempted service, etc:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Antwhon Suiter	COURT CASE NUMBER 5:22-cv-00031
DEFENDANT County of Augusta et al	TYPE OF PROCESS Summons & Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT { Augusta County Sheriff's Department ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 127 Lee Highway, Verona VA 24482	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Antwhon Suiter, Pro Se 207 Gray Avenue Staunton, VA 24401	
Number of process to be served with this Form 285 1 Number of parties to be served in this case 4 Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney/other Originator requesting service on behalf of X <i>Antwhon Suiter</i> , Pro Se	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 470-786-6830	DATE 06/08/2022
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 84	District to Serve No. 84	Signature of Authorized USMS Deputy or Clerk <i>Cmdr Judd</i>	Date 06/13/2022
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) DONALD SMITH - SHERIFF	Date 6-30-22	Time 1240	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy <i>[Signature]</i>		

Service Fee \$65.00	Total Mileage Charges (including endeavor) \$25.52	Forwarding Fee —	Total Charges \$90.52	Advance Deposits —	Amount owed to U.S. Marshal* or (Amount of Refund*) —
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REMARKS

6-30-22 - 1 DUSM, 1HR, 44 miles RND TRIP, ENDEAVOR

AP

AO 440 (Rev. 06/12) (02/17 WD/VA) Summons in a Civil Action (Page 2)

Civil Action No. 5:22-cv-00031

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) AUGUSTA CITY SHERIFF'S DEPT.
 was received by me on (date) 6-13-22

☐ I personally served the summons on the individual at (place) 5:22-cv-00031
 on (date) _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) DONALD SMITH - SHERIFF, who is
 designated by law to accept service of process on behalf of (name of organization) AUGUSTA CITY
SHERIFF'S DEPT on (date) 6-30-22 ; or

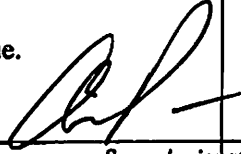
☐ I returned the summons unexecuted because _____ ; or

☐ Other (specify): _____

My fees are \$ 25.⁵² for travel and \$ 65.⁰⁰ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: 7-1-22


 Server's signature

Andy BARR DUSM
 Printed name and title

116 N. MAIN ST.
HARRISONBURG, VA 22801
 Server's address

Additional information regarding attempted service, etc:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Antwhon Suiter		COURT CASE NUMBER 5:22-cv-00031
DEFENDANT County of Augusta et al		TYPE OF PROCESS Summons & Complaint
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN County of Augusta	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 18 Government Center Lane, Verona VA 24482	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Antwhon Suiter, Pro Se 207 Gray Avenue Staunton, VA 24401		Number of process to be served with this Form 285 1 Number of parties to be served in this case 4 Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney or other Originator requesting service on behalf of X <i>[Signature]</i> Pro Se	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 470-786-6830	DATE 06/08/2022
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 84	District to Serve No. 84	Signature of Authorized USMS Deputy or Clerk <i>C. Indivellu</i>	Date 06/13/2022
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I hereby certify and return that I ☐ have personally served ☐ have legal evidence of service. ☒ I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) JAMES BENKAHLA - CTY. ATTORNEY (AUGUSTA)	Date 6-30-22	Time 1225	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy <i>[Signature]</i>		

Service Fee \$65.00	Total Mileage Charges (including endeavors) \$25.52	Forwarding Fee —	Total Charges \$90.52	Advance Deposits —	Amount owed to U.S. Marshal* or (Amount of Refund*) —
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REMARKS

6-30-22 - 1 USM, 1HR 44 miles RND TRIP, ENDEAVOR

[Signature]

AO 440 (Rev. 06/12) (02/17 WD/VA) Summons in a Civil Action (Page 2)

Civil Action No. 5:22-cv-00031

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) COUNTY OF AUGUSTA
 was received by me on (date) 6-13-22

☐ I personally served the summons on the individual at (place)

5:22-cv-00031

on (date) _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____

_____, a person of suitable age and discretion who resides there,

on (date) _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) JAMES BENKAHLA - ATTORNEY, who is
 designated by law to accept service of process on behalf of (name of organization) COUNTY OF AUGUSTA
 on (date) 6-30-22 ; or

☐ I returned the summons unexecuted because _____ ; or

☐ Other (specify): _____

My fees are \$ 25.⁵² for travel and \$ 65.⁰⁰ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: 7-1-22



Server's signature

Andy Parr Dism
 Printed name and title

116 N. MAIN ST
HARRISONBURG, VA 22801

Server's address

Additional information regarding attempted service, etc: